

RECEIVED
CENTRAL FAX CENTER

JUN-21-05 14:22 From:

JUN 21 2005

3142595959

T-502 P.01

Job-542

Sonnenschein
SONNENSCHN NATH & ROSENTHAL

One Metropolitan Square

Suite 3000

St. Louis, MO 63102

314.241.1800

314.259.5959 fax

www.sonnenschein.com

Chicago

Kansas City

Los Angeles

New York

San Francisco

St. Louis

Washington, D.C.

West Palm Beach

Facsimile Transmittal Sheet

DATE: June 21, 2005

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME:

COMMISSIONER OF PATENTS

PTO FAX NO.

703-872-9306

FROM:

David E. Crawford

ATTORNEY
DOCKET NO:

60018300-0010

NUMBER OF
PAGES:

15 includes cover sheet

TIME SENT:

12:50

OPERATOR'S
NAME:

Sandra K. Lawrence

Certification Of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below

Sandra K. Lawrence.....
TYPED/PRINTED NAME OF PERSON SIGNING CERTIFICATION

Sandra K. Lawrence
SIGNATURE

June 21, 2005
DATE

TYPE OF PAPER TRANSMITTED: AMENDMENT UNDER 37 C.F.R. § 1.116 ; TERMINAL DISCLAIMER TO
OBVIATE A DOUBLE PATENTING REJECTION OVER A "PRIOR " PATENT; TRANSMITTAL FORM IN
DUPLICATE) CREDIT CARD PAYMENT FORM

APPLICANT'S NAME: James A. Goldstein

SERIAL NO.: 10/721,032

EXAMINER: Phillip A. Johnston

APPLICATION TITLE: RADIATION PROTECTION SYSTEM

Original will/will not be mailed

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission and the Facsimile Transmission Sheet contain information from the law firm of Sonnenschein Nath & Rosenthal which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this facsimiled information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

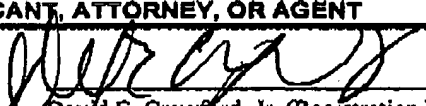
IF YOU DO NOT RECEIVE ALL OF THE PAGES ABOVE, PLEASE CALL 314.241.1800 AS SOON AS POSSIBLE.

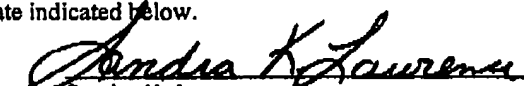
SN&R FACSIMILE DEPARTMENT USE ONLY:

TRANSMISSION COMPLETED AT:

DOCUMENT TRANSMITTED BY:

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,032	
	Filing Date	11/24/03	
	First Named Inventor	James A. GOLDSTEIN	
	Group Art Unit	2881	
	Examiner Name	Phillip A. Johnston	
Total Number of Pages in This Submission	15	Attorney Docket Number	60018300-0010

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is Amendment Under 37 C.F.R. Section 1.116 <input checked="" type="checkbox"/> The fee has been calculated as shown below:						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	25	-	26	0	<input checked="" type="checkbox"/> x \$25.00 <input type="checkbox"/> x \$50.00	\$0
INDEPENDENT CLAIMS	6	-	6	20	<input checked="" type="checkbox"/> x \$100.00 <input type="checkbox"/> x \$200.00	\$0
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$180.00 <input type="checkbox"/> x \$360.00 ONE TIME	\$
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by one month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input checked="" type="checkbox"/> The amount of \$65.00 for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed credit card payment form to charge.						
<input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$_____ to cover the total claim fee and other applicable fees.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263						
Dated: June 21, 2005				 David E. Crawford, Jr. (Registration No. 38,118)		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being filed via facsimile 703-872-9306 with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: June 21, 2005	 Sandra K. Lawrence